

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-3455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</small>	<h2 style="margin:0;">HOWARD COUNTY PERMIT APPLICATION</h2>	<h2 style="margin:0;">PERMIT NUMBER</h2> <p style="font-size: 1.5em; margin:0;">307002230</p>
Building Address <u>12581 Clover Hill DR</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Rick + Jackie Boulton</u> Address <u>12581 Clover Hill DR</u> City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone <u>410-989-7501</u> Work Phone <u>703-819-4287</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Tom Sinos</u> <u>1922 Liberty Rd Eldersburg MD 21784</u> Phone <u>410-781-7022</u> Fax _____	
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>80,000</u> Description of Work <u>Expanding garage</u> <u>7x30ft (approx 10x22) (Construct new</u> <u>Laundry (approx 10x12) Extend MPR</u> <u>new garage (approx 10x27) (Interior</u>	Contractor Company <u>Owings Brothers Contracting</u> Contact Person <u>Tom Sinos</u> Address <u>1712 Liberty Rd</u> City <u>Eldersburg</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>196618-01</u> Phone <u>410-781-7022</u> Fax <u>410-549-4661</u>	
Occupant or Tenant <u>Rick Boulton</u> <u>Resident</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Studio 22</u> Contact Person <u>Bob Priest</u> Address <u>1044 Green Hill Farm Rd</u> City <u>Rioston, TN</u> State <u>MD</u> Zip Code <u>37131</u> Phone <u>410-832-8680</u> Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: <u>3</u> No. of stories: <u>3</u> Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>28</u> <u>72</u> 2nd floor: <u>28</u> <u>40</u> Basement: <u>28</u> <u>40</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawf space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

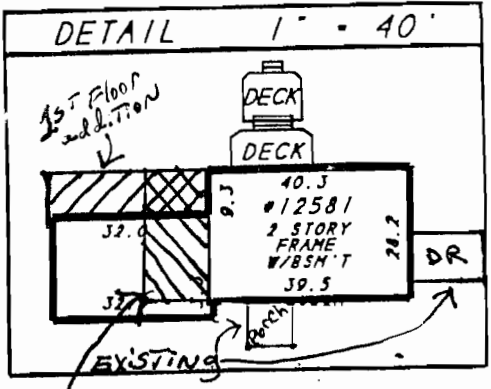
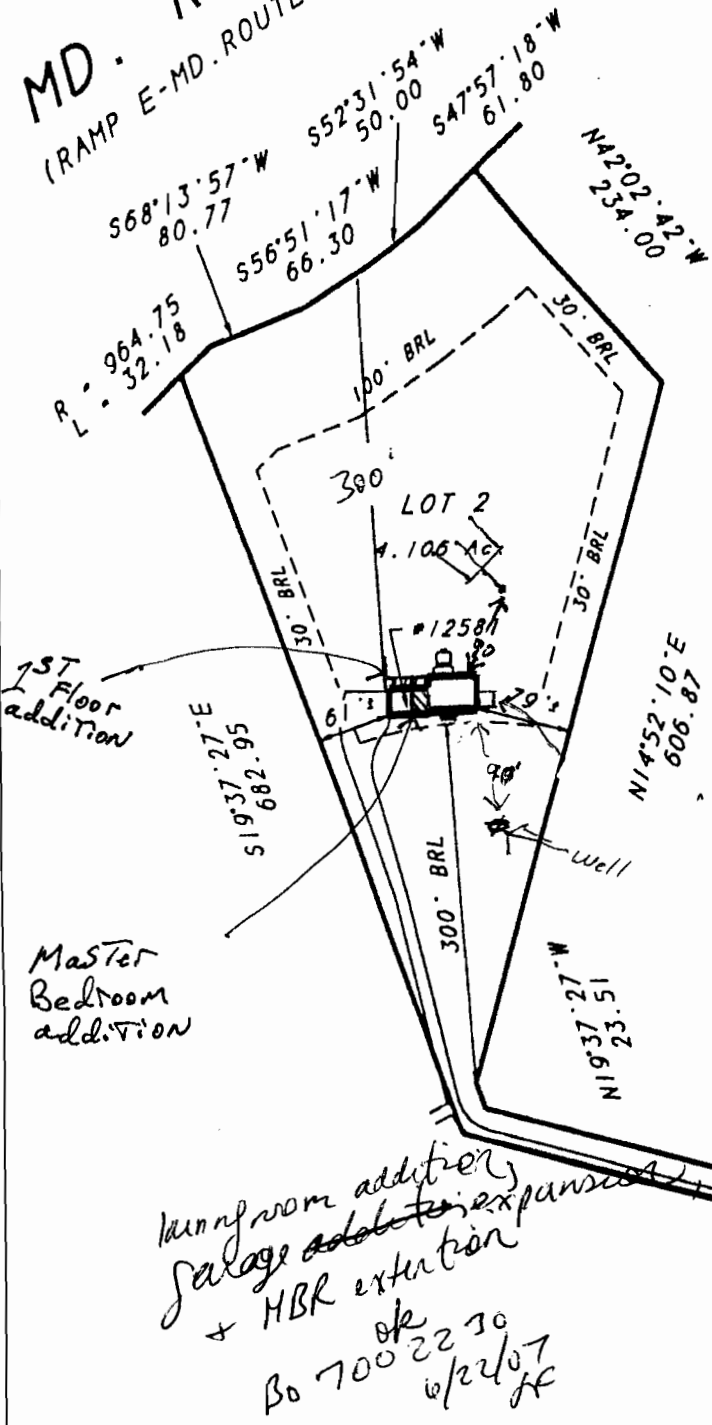
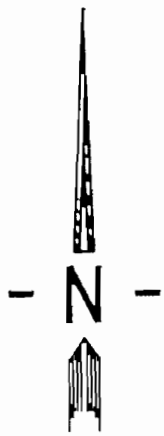
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>[Signature]</u> Title/Company _____	Print Name <u>Tom Sinos</u> Date <u>6-7-07</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>25.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/22/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2747</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:\Home\PERMIT.FRM				Gold: SHA

MD. ROUTE 32
(RAMP E-MD. ROUTE 32 TO 1-70N)



CLOVERHILL DRIVE

Living room addition
Garage addition
& HBR extension
Bo 7002230 w/2/07



DULEY AND ASSOCIATES, INC.
P.O. BOX 1431
UPPER MARLBORO, MD.
20778-1431
PHONE: 301-888-1111
FAX: 301-888-1114



LOCATION SURVEY OF:
#12581 CLOVER HILL DRIVE
LOT 2
CLOVER HILL FARM
3RD ELECTION DISTRICT
PLAT CMP No 6867
HOWARD COUNTY, MD
SCALE 1"=160' DATE: 10/21/96



CASE # 96-07-0374G
CUBBAGE
FILE # BB963736

SURVEYOR'S CERTIFICATE

I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1", NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS NOT SHOWN ON RECORD PLAT MAY NOT BE SHOWN HEREON.

THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1". SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS NOT SHOWN ON RECORD PLAT MAY NOT BE SHOWN HEREON.